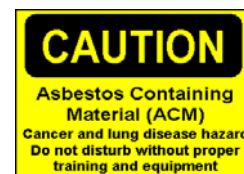


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### **1.0 Purpose & Scope**

**Purpose:** The purpose of this procedure is to define specific roles, responsibilities, authorities, and accountabilities of the SHSD Industrial Hygiene (IH) group and its interaction with other BNL organizations in the development, implementation and coordination of effective Asbestos programs. This document describes program elements necessary for compliance with OSHA, EPA, and DOE regulations.

**Scope:** This procedure defines the role of the IH Group in delivery of the Asbestos program services. This procedure provides a brief description of the service which is detailed in corresponding IH Group procedures in the series IH89 and IH50.

### **2.0 Responsibilities**

- 2.1 The BNL Asbestos program are implemented through a matrixed organization of several BNL organization units. The SHSD portion of these programs are implemented through the Industrial Hygiene Group Leader or designee who serves as the Asbestos Program Administrator.

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2.2 The SHSD person assigned as the *Asbestos Program Administrator* also serves as *SBMS Subject Matter Expert* and holds general responsibility to monitor the effectiveness of the BNL Asbestos Program and lead the correction of deficiencies.

### 3.0 Definitions none

### 4.0 Prerequisites none

### 5.0 Precautions none

### 6.0 Procedure (Program Elements)

6.1 The IH Group serves in the following roles:

Primary Role(s)
Serve as <i>Asbestos</i> Program Administrator & SBMS Subject Matter Expert
Conduct periodic Regulatory Driver tracking (Requirements Management)
Perform periodic BNL Program Self Assessment
Prepare Standard Operating Procedures for Hazard Assessment & Exposure Monitoring
Calibrate and Maintain Exposure Monitoring Equipment
Reviews or assists in developing training material
Perform Project Design Reviews for impact on workers

6.2 **Program Administration:** The IH Group Leader's designates a SHSD *Asbestos Program Administrator (APA)*. This role will be filled by professional Industrial Hygienist with the IH Group who has sufficient knowledge of Asbestos Program hazards, BNL operations, and OSHA, CDC and DOE drivers on Asbestos Program. This individual will also serves as the Subject Matter Expert for the *Asbestos* Programs subject area.

6.3 **Regulatory Driver Tracking:** The *APA* maintains mechanisms to track the status of DOE, OSHA, ANSI, NIOSH and ACGIH regulations and guidance to assess their impact on the BNL Program and initiates corrective action for any gaps in the BNL

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program resulting from changes in the reference and regulatory documents. Review of checks on the status of regulatory drivers will be formally documented.

- 6.4 **Periodic BNL Program Self-Assessment:** The *APA* periodically reviews the BNL Asbestos Program to access compliance with regulatory drivers and determine the overall effectiveness of the program. The periodic evaluation shall occur at least each 3 years and shall ensure that all program aspects are conducted to meet the requirements in the OSHA and DOE drivers. Attachment 9.1, or an equivalent, is used to document the assessment. Records of the assessment will be maintained for a minimum of 75 years in the SHSD IH Laboratory record system and the BNL/ESHQ Document Logging system.
- 6.5 **Preparation of Procedures for Hazard Assessment and Exposure Monitoring:** The IH Group develops and revises Standard Operating Procedures and Recordkeeping forms necessary for asbestos hazard assessments and exposure monitoring. These procedures are maintained on the SHSD IHG Internet website for access by all organizations performing tasks covered by the documents.
- 6.6 **Calibration and Maintenance of Exposure Monitoring Equipment:** The IH Group develops and revises Standard Operating Procedure for Asbestos sampling. The IHG maintains the equipment for qualified surveyors from BNL organizations that perform exposure assessments.
- 6.7 **Reviews or assists in developing training material:** The *APA* annually reviews the existing BNL Asbestos Program training material to access compliance with regulatory drivers and determine the overall effectiveness of the classes. The *APA* initiates corrective action for any gaps.
- 6.8 **Perform Project Design Reviews for impact on workers:** The *APA* reviews documentation such as Experimental Reviews, Work Permits, Project Designs, and SOPs relating to Asbestos to access compliance with regulatory drivers and determine the adequacy of controls measures. The *APA* informs the document generating organizations of any needed corrective actions in writing and follow-ups to ensure adequate measures were taken to correct any deficiencies.

## **7.0 Implementation & training**

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- 7.1 The IHG qualifies SHSD personal who perform fieldwork (hazard assessment and exposure monitoring) under this program.
- 7.2 Qualification using specific Asbestos test equipment is conducted under the sampling equipment SOP in accordance with the IH50300 Training & Qualification Program.

## **8.0 References**

- 8.1 BNL SBMS Subject Area *Asbestos Program*.
- 8.2 29 CFR 1910.1001 OSHA Asbestos Standard for General Industry.
- 8.3 29 CFR 1926.1101 OSHA Asbestos Standard for Construction.
- 8.4 New York State Code Rule 56.

## **9.0 Attachments**

- 9.1 Annual Compliance Audit Checklist form
- 9.2 IH Group Asbestos *Practitioner Qualification Form*

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## 10.0 Documentation

Document Development and Revision Control Tracking		
Prepared By:  <i>(signature/date on file)</i> David Robbins 04/14/05 Industrial Hygienist	Reviewed By / Date:  <i>(signature/date on file)</i> R. Selvey 04/14/05 Industrial Hygienist	Approved By / Date:  <i>(signature/date on file)</i> R. Selvey 07/07/05 Industrial Hygienist Group Leader
ESH Coordinator/ Date:  <i>none</i>	Work Coordinator/ Date:  <i>none</i>	SHSD Manager / Date  <i>none</i>
QA Representative / Date:  <i>none</i>	Training Coordinator / Date:  <i>none</i>	Filing Code:  <b>IH52.05</b>
Facility Support Rep. / Date:  <i>none</i>	Environ. Compliance Rep. / Date:  <i>none</i>	Effective Date:  <b>07/07/05</b>
ISM Review - Hazard Categorization <input type="checkbox"/> High <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Low/Skill of the craft	Validation: <input type="checkbox"/> Formal Walkthrough <input checked="" type="checkbox"/> Desk Top Review <input type="checkbox"/> SME Review Name / Date:	IMPLEMENTATION: Training Completed: none Procedure posted on Web: 7/07/05 Hard Copy" files updated: 7/07/05

Revision Log		
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input type="checkbox"/> Clarify/enhance procedural controls		
Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input type="checkbox"/> none of the above		
<i>(signature/date on file)</i> SME Reviewer/Date:	Reviewer/Date:	Reviewer/Date:
Section/page and Description of change:		

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## Attachment 9.1

### BNL Asbestos Self-Assessment Sample Compliance Checklist

YEAR \_\_\_\_\_

Sample of minimal self assessment of the BNL program. Document assessment as per IH50510 and IH50520

Item	Criteria	
1	Have the EPA, OSHA, and ACGIH standards or been updated during this audit period ?	
1b	If item 1 is yes, has IH SOP and BNL SBMS programs been updated to reflect the changes ?	
2	Are personnel qualification records up-to-date and the documentation properly maintained?	
3	Are records of testing, conducted during the period, appropriately filled out and properly maintained for future access (including the last three years records properly stored) ?	
4	Where results of testing appropriately conveyed to the requester of the test in a timely manner (within 30 days) and to employees within regulatory set time limits?	
5	Site Inventory of ACM up to date ?	
6	Notification to DOE, EPA made as appropriate ?	
7	Observation of an survey or experiment: Was the test conducted in accordance with all steps and requirements in IH SOP series ?  Date of observation: _____ Observed By: _____ Location of test: _____	

	Name	Date
Reviewed Performed By:		
Review Approved By:		

(1) Attach any supporting documentation for the status to this record.

Recordkeeping: This record is to be kept until 75 years from the Review Approval Date.

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## Attachment 9.2

# IH Group Asbestos Practitioner Qualification Form

(see next page)

**Safety and Health Services Division - Industrial Hygiene Group**

**Asbestos Technical Consultant & Program Administrator**

**Qualification Certificate**

**JTA HP-88: Asbestos Technical Consultant**

Candidate's Name (Print):	BNL#
Qualified By:  <i>IH Group Leader</i>	Date of Qualification

**Formal Education** (one or more of the following required)

- Vendor or University based Short Course in *Asbestos* (1 day duration)
- AIHA Professional Development Course or other organization concentrated on *Asbestos*
- EPA Project Designer Course (Annual refresher)
- EP-004 Asbestos Awareness (AS BTMS SPECIFIED)

Formal Training Title:	Date of Class
Provider:	
Formal Training Title:	Date of Class
Provider:	

**Additional Requirements for Program Administrator**

		Unsatisfactory	Recovered	Satisfactory
<b>Program Assessment</b>	Has adequate knowledge of the principles of evaluating the IHG program, the site's program, and line implementation of the program.			
<b>Requirements Management</b>	Demonstrates knowledge in tracking regulatory requirements and consensus standards on asbestos.			
<b>Site Program Development</b>	Demonstrates the ability to address gaps or deficiencies in the SBMS Subject Area documentation and initiate corrective actions.			
<b>IH Group Program Development</b>	Demonstrates the ability to address gaps or deficiencies in the IH Group SOPs and initiate corrective actions.			

I accept the responsibility for performing the tasks as demonstrated within this JPM and the corresponding SOP.

Candidate Signature:	Date:
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I certify the candidate has satisfactorily performed each of the above listed steps and is capable of performing the task unsupervised.

Evaluator Signature:	Date:
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